



OVER-THE-COUNTER (OTC) EXPRESS PLAN REVIEW APPLICATION

Date: _____ Plan Check # _____

Company: _____

Phone: _____

Fax No. _____

Address of Job: _____

Name of Job: _____

Contractor Name: _____

In consideration of the City of Las Vegas, Department of Building and Safety, performing OTC Express Plans Examination on the project as shown above, we are formally requesting the OTC Express Plans Examination service. We acknowledge we are required to reimburse the City of Las Vegas, Department of Building and Safety, in the amount of **\$200.00** per hour, with a one-hour minimum. **This is in addition to standard plan review fees.**

***No OTC reviews available on Thursdays. No structural reviews on OTC.**

Payment for this service will be made prior to the issuance of the permit.

SIGNATURE: _____

PRINT NAME: _____

FOR CLV USE ONLY	
Hours:	X \$200.00
BDXTI Total =	
GR #	Date:
Initials:	Date:

TECHNICIAN _____